What is claimed is:

1. A method of treating non-insulin dependent diabetes mellitus, comprising co-administering an effective dosage of (a) an incretin hormone (b) a thiazolidinedione.

2. A method according to claim 1, wherein the incretin hormone is a glucagon-like peptide-1 molecule.

3. A method according to claim 1, wherein the incretin hormone is an agonist selected from the group consisting of Glucagon-Like Peptide-1(7-37)OH, Glucagon-Like Peptide-1(7-36)amide, VAL^8-GLP-1(7-37), GLY^8-GLP-1(7-37), THR^8-GLP-1(7-37), MET^8-GLP-1(7-37), and IP^7.

4. A method according to claim 2, wherein the glucagon-like peptide-1 molecule is a GLP-1 analog.

5. A method according to claim 1, wherein the thiazolidinedione is selected from the group consisting of pioglitazone, troglitazone, rosiglitazone and TZD 300512.

6. A method according to claim 1, wherein the effective dosage of the incretin hormone is in the range of about 20 to about 100 μg per day.

7. A method according to claim 1, wherein the incretin hormone and the TZD are administered simultaneously.

8. A method according to claim 1, wherein the incretin hormone and the TZD are administered sequentially.

9. A method according to claim 1, wherein the effective dosage of the TZD is in the range of about 0.1 to about 200 milligrams per day.

10. A method according to claim 1, comprising co-administering a effective dosage of (a) a thiazolidinedione and (b) a glucagon-like peptide-1 agonist, such that blood glucose levels are decreased and insulin secretion is increased.

11. An insulinotropic formulation comprising (a) an incretin hormone, (b) a TZD, and (c) a pharmaceutically acceptable carrier.

12. An insulinotropic formulation according to claim 11, wherein the incretin hormone is a glucagon-like peptide-1 molecule.

13. An insulinotropic formulation according to claim 12, wherein the incretin hormone is an agonist selected from the group consisting of Glucagon-Like Peptide-1(7-37)OH, Glucagon-Like Peptide-1(7-36)amide, VAL^8-GLP-1(7-37), GLY^8-GLP-1(7-37), THR^8-GLP-1(7-37), MET^8-GLP-1(7-37), and IP^7.

14. An insulinotropic formulation according to claim 11, wherein the TZD is selected from the group consisting of pioglitazone, troglitazone, rosiglitazone and TZD 300512.

15. A composition of matter comprising (i) a container suitable for holding a solution to be infused in a patient, (ii) a liquid preparation comprising an amount of an incretin hormone in a pharmaceutically acceptable carrier such that said preparation represents an incretin hormone dosage of between about 20 to about 200 μg per day and (iii) instructions on infusing a patient with said preparation, said patient suffering from non-insulin dependent diabetes mellitus, such that said patient receives an infusion of said dosage of said preparation.

16. A composition according to claim 15, wherein said instructions further direct administering a therapy to said patient prior to or concomitantly with said infusing, said therapy targeting a specific disease state.

17. A composition according to claim 15, wherein the incretin hormone is a glucagon-like peptide-1 molecule.

18. A composition according to claim 15, wherein the incretin hormone is an agonist selected from the group consisting of Glucagon-Like Peptide-1(7-37)OH, Glucagon-Like Peptide-1(7-36)amide, VAL^8-GLP-1(7-37), GLY^8-GLP-1(7-37), THR^8-GLP-1(7-37), MET^8-GLP-1(7-37), and IP^7.

19. A composition according to claim 15, wherein said composition further comprises a second preparation comprising an amount of a TZD in a pharmaceutically acceptable carrier such that said second preparation represents a TZD dosage of between about 0.1 to about 200 milligrams per day.

20. A composition according to claim 19, wherein said second preparation is a liquid.

21. A composition according to claim 19, wherein said TZD is selected from the group consisting of pioglitazone, troglitazone, rosiglitazone and TZD 300512.

22. A composition of matter comprising (i) a container suitable for holding a solution to be infused in a patient, (ii) a liquid preparation comprising an amount of an incretin hormone in a pharmaceutically acceptable carrier such that said preparation represents a incretin hormone dosage of between about 20 to about 200 μg per day and (iii) instructions on infusing a patient such that said patient's blood glucose level is decreased and insulin secretion is increased.